



XXXII CONGRESSO
NAZIONALE SICOB

23 - 25 MAGGIO 2024
G I A R D I N I
N A X O S

PROCEDURE DFI ACCESSO ALLA CHIRURGIA DI REVISIONE

SILVIA GRASSI
PSICOLOGA PSICOTERAPEUTA
PALERMO



LINEE GUIDA DELLA SICOB SOCIETÀ ITALIANA DI CHIRURGIA DELL'OBESITÀ E DELLE MALATTIE METABOLICHE

*La terapia chirurgica dell'obesità e delle complicanze
associate*



CHIRURGIA REVISIONALE

PICO 27 – Nei pazienti con obesità ($BMI \geq 30 \text{ kg/m}^2$), che abbiano effettuato chirurgia metabolico-bariatrica con successivo recupero ponderale o insufficiente perdita di peso, effettuare un nuovo intervento di chirurgia metabolico-bariatrica è preferibile rispetto a interventi non chirurgici, per il trattamento del recupero ponderale?

Non ci sono evidenze che permettano di esprimere una preferenza tra chirurgia revisionale metabolico-bariatrica e altri trattamenti non chirurgici in caso di recupero ponderale o insufficiente perdita di peso dopo chirurgia metabolico-bariatrica, per il trattamento del recupero ponderale rispetto a interventi non chirurgici.

Raccomandazione debole né a favore né contro, con qualità delle prove molto bassa

Razionale

L'obesità e le sue complicanze sono un problema di salute pubblica in crescita in molti Paesi, a causa dell'aumento della prevalenza, dell'impatto rilevante sulla salute degli individui affetti e del crescente peso economico correlato. La chirurgia metabolico-bariatrica, è stata sviluppata per ottenere una perdita di peso rilevante nei pazienti morbosamente obesi; tuttavia, in alcuni pazienti si assiste ad un recupero ponderale o una insufficiente perdita di peso, che può raggiungere anche il 15-20% dei pazienti trattati, con un aggravio di costi tra 15000 e 50000 dollari statunitensi (USD)¹⁶⁰. In questi pazienti è possibile effettuare un nuovo intervento di chirurgia metabolico-bariatrica per il trattamento del recupero ponderale. Tuttavia, esistono anche altre possibili opzioni terapeutiche, quali quelle farmacologiche o basate su strategie comportamentali/nutrizionali¹⁶¹.

L'ERT ha effettuato una ricerca sistematica della letteratura seguendo i metodi riportati in Tabella 1. Non esistono trial clinici sull'argomento e questo riduce la forza e la qualità della presente raccomandazione che è basata solo su metanalisi di studi osservazionali prospettici e retrospettivi. Esistono, infatti, alcune metanalisi di studi osservazionali prospettici e retrospettivi che suggeriscono che l'uso di OAGB e DS siano interventi in grado di trattare efficacemente il recupero ponderale dopo chirurgia metabolico-bariatrica restrittiva¹⁶², così come BPD e RYGB¹⁶³. Una metanalisi di studi osservazionali di confronto tra OAGB e RYGB, ha mostrato simile efficacia degli interventi ma con minori eventi avversi periprocedurali di OAGB¹⁶⁴. Un'altra metanalisi dopo fallimento alla SG, ha mostrato che un nuovo intervento di SG possa essere efficace nel trattamento del recupero ponderale almeno nel breve termine¹⁶⁵.

Esistono pochi dati di letteratura per quanto riguarda la farmaco-economia e solo per alcuni interventi, quali GCP, che mostrano dati a favore della terapia chirurgica revisionale¹⁶⁶.

Alla luce di queste evidenze non è possibile formulare una raccomandazione che indichi la chirurgia revisionale metabolico-bariatrica in caso di recupero ponderale o insufficiente perdita di peso dopo chirurgia metabolico-bariatrica, per il trattamento del recupero ponderale rispetto a interventi non chirurgici.

PICO 28 – Nei pazienti con obesità (BMI ≥ 30 kg/m²), che abbiano effettuato chirurgia metabolico-bariatrica con successivo recupero ponderale o insufficiente perdita di peso, effettuare un nuovo intervento (chirurgia metabolico-bariatrica è più indicato, rispetto all'utilizzo di farmaci approvati per il trattamento dell'obesità, per il trattamento del recupero ponderale)?

Non si esprime alcuna preferenza tra la chirurgia revisionale e la terapia con farmaci approvati per il trattamento dell'obesità in caso di recupero ponderale dopo chirurgia metabolico-bariatrica, per il trattamento del recupero ponderale post-chirurgia metabolico-bariatrica.

Raccomandazione debole né a favore né contro, con qualità delle prove molto bassa

D. CHIRURGIA REVISIONALE

<i>Nei pazienti con BMI ≥ 30 kg/m², che abbiano effettuato un intervento di chirurgia metabolico-bariatrica con successivo recupero ponderale, effettuare un nuovo intervento di chirurgia metabolico-bariatrica è preferibile rispetto all'utilizzo di farmaci approvati per il trattamento dell'obesità, per il trattamento del recupero ponderale?</i>				
27		4.2%	95.8%	-
Critici				
<i>Outcome (efficacia)</i>				
27.1	Prevenzione dell'incidenza diabete/ recidiva del diabete			7
27.2	Miglioramento del compenso glicometabolico (HbA1c; FPG; assetto lipidico; PAS, PAD)			7
27.3	Riduzione del peso corporeo (BMI; riduzione percentuale di peso e massa grassa)			7.5
27.4	Riduzione delle complicanze macrovascolari			7
27.5	Riduzione di tutte le cause di mortalità			7
27.6	Miglioramento della qualità della vita			7
<i>Outcome (sicurezza)</i>				
27.7	Mortalità perioperatoria			7
27.8	Complicanze chirurgiche perioperatorie			7
27.9	Eventi avversi gravi (chirurgici e non chirurgici)			7
Non critici				
Nessuno				


Punti critici

1. Scarse o assenti modifiche dello stile di vita
2. Persistenza di comportamenti alimentari maladattivi : grazing sweeteating
3. Ricomparsa del Binge Eating e food addiction
4. Disturbo dell'immagine corpora
5. Eventi stressanti sopravvenuti dopo l'intervento

Weight regain after bariatric surgery: A systematic review and meta-analysis of observational studies

December 2023 · [Obesity Medicine](#)

DOI: [10.1016/j.obmed.2023.100528](https://doi.org/10.1016/j.obmed.2023.100528)

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Luiza Siqueira Veloso de Andrade Carvalho · [Show all 6 authors](#) ·
 Nathalia Sernizon Guimarães

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Abstract

Due to its significant impact on public health, obesity has been studied from a variety of perspectives. All surgical procedures of bariatric and metabolic surgeries (BMS) carry their risks and benefits and have specific characteristics. Considering that weight regain (WR) is considered a surgical failure. This systematic review, registered on PROSPERO under code CRD42023421203, aims to identify physical and behavioral predictors associated with WR post BMS. Primary outcomes included WR prevalence after BMS (>10% recovery from maximum weight loss or points of BMI >4 or 5 kg/m²), while secondary outcomes assessed factors associated with WR. This systematic review with meta-analysis demonstrated that 49% of patients WR after BMS and this prevalence is higher in those who underwent Roux-en-Y Gastric Bypass (RYGB) surgery (42%) and in Europe (64%). Protective factors for WR only included prior BMI and younger age with statistical significance, however other analyzes did not demonstrate statistical significance. Therefore, it is important to note that the use of BMS does not guarantee long-term sustainable weight loss without continuous lifestyle modifications and treatment dietetic. Efforts to maintain weight loss should include ongoing lifestyle modifications to ensure the effectiveness and efficacy of the surgery.


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<https://doi.org/10.1007/s11695-022-05908-1>



ORIGINAL CONTRIBUTIONS



Patients' Experiences of Weight Regain After Bariatric Surgery

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Abstract

Purpose Bariatric surgery is a successful obesity treatment; however, an estimated 1/5 of patients have regained more than 15% of their body weight 5 years post-surgery. To increase the understanding of patients who experienced weight regain after bariatric surgery, we conducted a qualitative study.

Materials and Methods We recruited 16 adult participants (4 men, 12 women) at an obesity clinic in Stockholm, Sweden, 2018 to 2019, and performed semi-structured individual interviews. The transcribed recorded interview data was analyzed with thematic analysis.

Results Participants had undergone gastric bypass surgery on average 10 years prior to study and regained 36% (range 12 to 71%) of their weight from their nadir. Participants experienced challenges such as eating in social settings, loneliness, family difficulties, increases in appetite, and physical and mental health problems, which distracted them from weight management. Participants responded to weight regain with emotional distress, particularly with hopelessness, discouragement, shame, and frustration (theme: loss of control and focus). Nonetheless, participants experienced remaining benefits from the surgery, despite weight regain. Social support, self-care, and behavioral strategies were perceived as facilitators for weight management (theme: reducing the burden of weight management).


Conclusions Weight regain after bariatric surgery was perceived to be an unexpected and difficult experience that induced hopelessness, discouragement, shame, and frustration. Results indicate that internal and external circumstances such as psychosocial factors, changes in appetite, and physical and mental health problems may contribute to loss of control over weight. Social support, self-care, and behavioral strategies might facilitate long-term post-surgical weight management.

Keywords Bariatric surgery · Body weight trajectory · Interviews · Obesity · Thematic analysis

Association Between Weight Gain, Psychological, Sociodemographic Factors, and Physical Activity in Bariatric Patients: A Complex System

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✉ Lara Belmudes Bottcher , ✉ Roberto Lopes de Almeida , ✉ Maria Eveline Vieira , ✉ Sedigheh Salami , ✉ Marta Kerntopf , ✉ Clarice Martins  , ✉ Victor Zaia 

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Abstract

Weight gain affects about 10-20% of patients after bariatric surgery. It is a phenomenon that is difficult to understand and to intervene due to its complexity and etiological heterogeneity. In the present study, we investigated, from a network analysis perspective, the associations between weight regain, psychological, sociodemographic factors and physical activity in patients undergoing bariatric surgery. The sample consisted of 124 patients, of both sexes, aged 39 ± 9.1 years, who had undergone surgical intervention for more than 18 months. After voluntary consent, respondents answered questionnaires and instruments directly on the Google Forms platform. The results indicated that weight gain was negatively associated with the items of depression, anxiety and stress, binge eating and with the dimensions of the personality questionnaire (negative affectivity -0.182; detachment -0.078; antagonism -0.107; disinterest - 0.198 and psychoticism -0.158). The centrality indicators revealed that the characteristics of disinterest and negative affectivity and most of the items on the depression, anxiety and stress scale had a greater expected influence (values from 1,043 to 1,502), indicating that these are the most sensitive variables to intervention and who need more attention from health professionals.

Keywords

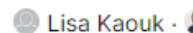
obesity; bariatric surgery; adaptive complex system; network analysis.

Modifiable factors associated with weight regain after bariatric surgery: a scoping review

May 2019 · [F1000Research](#) 8:615

DOI: [10.12688/f1000research.18787.1](https://doi.org/10.12688/f1000research.18787.1)

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Overview

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Citations (16)

References (41)

Abstract and figures

Background: Although bariatric surgery is the most effective treatment for severe obesity, weight regain may still occur. While non-modifiable factors associated with weight regain have been explored, modifiable factors responsible for weight regain are understudied. This scoping review aimed to identify modifiable behaviors associated with weight regain after bariatric surgery. **Methods:** A systematic search was conducted in Medline, Google Scholar, Cochrane, National Collaborating Centre for Methods and Tools (NCCMT) and Practice-based Evidence in Nutrition (PEN) which included articles published between January 1990 and February 2 2017, for studies examining “weight regain” after bariatric surgery. A total of 293 citations were retrieved. Eligible articles must have examined modifiable factors and addressed weight regain, or a long-term post-operative phase in which weight regain may occur. After removing duplicates, 22 studies were included for thematic analysis. **Results:** Key modifiable factors associated with weight regain were identified and categorized under the following themes: poor dietary adherence (e.g. excessive calorie, carbohydrate, and alcohol intake), maladaptive eating behaviors (e.g. grazing, binging), lack of on-going follow-up with the bariatric team and insufficient physical activity. **Conclusions:** Health professionals and self-monitoring tools for patients who have undergone bariatric surgery may benefit from these findings to direct their education and interventions to target behavior change.

[Review](#) > [Surg Endosc.](#) 2021 Aug;35(8):4069-4084. doi: 10.1007/s00464-021-08329-w.

Epub 2021 Mar 1.

Factors associated with weight regain post-bariatric surgery: a systematic review

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PMID: 33650001 DOI: [10.1007/s00464-021-08329-w](https://doi.org/10.1007/s00464-021-08329-w)

Abstract

Introduction: To systematically review the literature to assess the incidence and risk factors of weight regain (WR) after bariatric surgery. Bariatric surgery is the most effective intervention for sustained weight loss of morbidly obese patients, but WR remains a concern.

Materials and methods: A PRISMA compliant systematic literature review was performed using the PubMed database, Embase and the Cochrane Library in July of 2019. Studies that reported $\geq 10\%$ WR after Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy (SG) were included. The Newcastle-Ottawa scale (NOS) was used for assessing study quality.

Results: Out of 2915 retrieved abstracts, 272 full papers were reviewed, and 32 studies included (25 of high and 7 of fair quality) reporting weight outcomes on 7391 RYGB and 5872 SG patients. 17.6% (95% CI 16.9-18.3) had a WR $\geq 10\%$. Risk factors related with WR fell into 5 categories, namely anatomical, genetic, dietary, psychiatric, and temporal. Specifically, gastrojejunal stoma diameter, gastric volume following sleeve, anxiety, time after surgery, sweet consumption, emotional eating, portion size, food urges, binge eating, loss of control/disinhibition when eating, and genetics have been positively associated with WR while postprandial GLP-1, eagerness to change physical activity habits, self-esteem, social support, fruit and zinc consumption, HDL, quality of life have been negatively associated.

Conclusion: At least 1 in 6 patients after bariatric surgery had $\geq 10\%$ WR. This review identified several factors related to WR that can be used to counsel patients preoperatively and direct postoperative strategies that minimize WR risk.

Keywords: Bariatric surgery; Risk factors; Weight recidivism; Weight regain.

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The Complexity of Body Image Following Bariatric Surgery: A Systematic Review of the Literature

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The publisher's final edited version of this article is available at [Obes Rev](#)

Abstract





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Poor body image is common among individuals seeking bariatric surgery and is associated with adverse psychosocial sequelae. Following massive weight loss secondary to bariatric surgery, many individuals experience excess skin and associated concerns, leading to subsequent body contouring procedures. Little is known, however, about body image changes and associated features from pre- to post-bariatric surgery and subsequent body contouring. The objective of the present study was to conduct a comprehensive literature review of body image following bariatric surgery to help inform future clinical research and care. The articles for the current review were identified by searching PubMed and SCOPUS and references from relevant articles. A total of 60 articles examining body image post-bariatric surgery were identified and 45 did not include body contouring surgery. Overall, there was great variation in standards of reporting sample characteristics and body image terms. When examining broad levels of body image dissatisfaction, the literature suggests general improvements in certain aspects of body image following bariatric surgery; however, few studies have systematically examined various body image domains from pre- to post-bariatric surgery and subsequent body contouring surgery. In conclusion, there is a paucity of research that examines the *multidimensional* elements of body image following bariatric surgery.

Preventing Weight Regain: What's the Importance of Body Image Change after Bariatric Surgery

November 2016 · [Journal of Nutritional Disorders & T...](#) 6(4)

DOI: [10.4172/2161-0509.1000200](#)

 Fausta Micanti ·  Loiarro G ·  Pecoraro G ·  Diana Galletta

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Abstract

Introduction: Obese patients have a high degree of body dissatisfaction and uneasiness inducing feelings of low self-esteem, sadness and loneliness leading to the development of pathological social withdrawal. Change of body image dimension is considered a factor for weight maintenance. The aim of this study is to show that, after bariatric surgery at weight loss, body image partially changes which could be considered one of the reasons for long term weight regain after bariatric surgery. **Method:** 40 patients: mean age 38 SD ± 10,71; 28 women, 12 men; mean body mass index (BMI) 48 SD ± 8,31, suffering from severe obesity, were enrolled in this study. All participants were evaluated before and after bariatric surgery. The assessment at weight loss after bariatric surgery (t1) was performed using BUT test. The statistical data analysis was performed with the t-Student method (p<0.05). **Results:** Results after bariatric surgery were: sufficient ability to cope with the nutritional program for bariatric surgery; change in eating behavior; fulfilled perception of satiety and reduction in food intake impulse; improvement of body image in its cognitive and behavioral components, but not in the emotional one. **Conclusion:** Weight loss is insufficient to determine a change in the emotional component of body image. It does not interfere with the emotional regulation system or with the ability to use non-verbal communication. Improving ability to perceive one's new body and the knowledge of how to use it in relationship with others is necessary to prevent risk of weight regain after bariatric surgery.

Le procedure

Valutazione delle cause del weight regain attraverso l'intervento psicologico

- Analisi del processo di coping nel periodo post-bariatrico
- Analisi del comportamento alimentare
- Valutazione dell'accettazione della nuova immagine corporea
- Analisi della delusione narcisistica relativa alla funzione dell'ideale di magrezza
- Esame di stato mentale per la valutazione di disturbo psichiatrico

Trattamento

- Intervento interdisciplinare nutrizionista e psicologo per strutturare strategie terapeutiche.
- Valutazione attraverso la psicodiagnosi delle aree relative alle dimensioni interessate
- Visita psichiatrica ed eventuale trattamento farmacologico
- Psicoterapia individuale o di gruppo
- Rivalutazione dopo percorso terapeutico dell'accesso alla chirurgia di revisione



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